
RECIPIENT FRAUD

07/01/02

SUSPECTED FRAUD SUMMARY**SUMMARY OF FACTS**

Name:	_____	Date:	_____
Address:	_____	County Case #	_____
Birthdate:	_____	Case ID:	_____
Children:	_____	Employer:	_____

CASE SITUATION:

ACT OF FRAUD:

EVIDENCE TO SUBSTANTIATE FRAUD AND INTENT TO FRAUD:

RECIPIENT FRAUD

07/01/02

EVIDENCE TO SUBSTANTIATE AMOUNT OF INELIGIBLE ASSISTANCE RECEIVED:

BACKGROUND INFORMATION:

CLIENT INTERVIEW:

Date

Eligibility Analyst